

# REPORT OF TRAVEL

1. NAME	2. NRL TELEPHONE NUMBER	3. DATE
4. HOME ADDRESS		5. NRL BLDG. AND ROOM NUMBER

**(COMPLETE ITEM 4 OR 5 TO INDICATE DESIRED DELIVERY OF CHECK)**

## 6. ITINERARY

[illegible]

**7. If orders are not endorsed for each point on itinerary, THE FOLLOWING IS REQUIRED:**

**Show Dates and Hours Duty Commenced and Completed at Each Place of Duty**

[illegible]

(B) GOVERNMENT QUARTERS FURNISHED		GOVERNMENT SUBSISTENCE FURNISHED		LEAVE TAKEN	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> WITH CHARGE	<input type="checkbox"/> WITHOUT CHARGE	<input type="checkbox"/> WITH CHARGE	<input type="checkbox"/> WITHOUT CHARGE	FROM _____	TO _____

8. WAS ONE OF THE FOLLOWING USED?

☐ GOVERNMENT AIR
 ☐ GOVERNMENT VEHICLE
 ☐ DRIVER OF PRIVATE CAR  
 (LIST PASSENGERS UNDER  
 "REMARKS," SPACE 10).
 ☐ PASSENGER IN PRIVATE CAR OF \_\_\_\_\_  
 NAME

**10. If duty aboard ship, give the following information:**

NAME OF VESSEL	REPORTED ABOARD		DEPARTED	
	DATE	HOUR	DATE	HOUR

## 11. MISCELLANEOUS EXPENSES

[illegible]

***(Attach all receipts, unused tickets and TR's)***

## 12. REMARKS

[illegible]

13. SIGNATURE OF TRAVELER	DATE
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